

## **City of Newport Beach Revenue Division** PO Box 1768, Newport Beach, CA 92658-8915

## **DECLARATION FOR APPORTIONED BUSINESS TAX**

Businesses with incidental or occasional presence in the City may qualify for an apportioned business tax rate. This declaration must be completed and returned by mail with a check to qualify for an apportioned tax rate. THIS FORM CANNOT BE COMPLETED ONLINE

Name of Business		
Address		
Contact Person Contact PhoneFEIN No		
Name of Event (if applicable) Date of Event		
Check the appropriate box to indicate your activity.  Note that any inaccurate information provided may subject your business to pay the full annual license.		
	Exhibitors for Non Profit 501(c) (3): (Sponsor or donating Products)  Must attach Proof of Exemption	\$0.00
	Exhibitors: Single Event no sales activities: One-time presence in the City within a year (Marketing or Advertising)  Date of Event	\$59.25
	Exhibitors: Single Event with sales activities: One-time presence in the City within a year  Must provide Sellers Permit to qualify  Date of Event	\$59.25
	Professional Organizers & Associations: Single Event: One time presence in the City within a year (Profit Companies)  Date of Event	\$59.25
	Service Providers: Single Event Only: One-time presence in the City within a year  Date of Event	\$59.25
	City Contractors: Contracted for 7 or less days within a year for the City of Newport Beach and have no other business activity within the City.	\$0.00
	City Contractors: Contracted for 8 or more days within a year for the City of Newport Beach and have no other business activity within the City.	\$59.25
	City Contractors: Contract with City and have other business activity within the City of Newport Beach.	\$237.00
	Out of Town Business: Participating in more than one event in the course of one year	\$237.00
I declare under penalty of perjury that the foregoing is true and correct of my own knowledge and that I am authorized to make this statement. My business conduct in the City of Newport Beach does not exceed the category indicated above and will immediately notify the Revenue Division should it change. I understand that failure to inform the Revenue Division of such change may result in the imposition of additional taxes, penalties and/or criminal prosecution.		
Applicant's Signature Applicant's Name (Printed)		
OFFICE USE ONLY		
Date Received License Number Account No		
Reviewed by Tax Amount Due \$ Approved BT-06		

Form D0504-SPL Rev 2012-07